

FILED FEB 20 1946

318

1005

Registration District No. _____ Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **79 Yrs 5 Mons 23 Days.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3609 Finney Ave**
(If rural, give location)
Memorial
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Madalaine Luecke.**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February**, 10th year **1946** hour **7:00** minute **A** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Charles Luecke** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **8** **17** **1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2/7/46** to **2/10/46**, 19____, to **2/10/46**, 19____; that I last saw her alive on **2/10/46**, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	79	5	23	hr. _____ min. _____

Immediate cause of death **myocardial failure** Duration _____
 Due to **Hypertensive Cardio-Vascular Disease**
 Due to _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Nil**

Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER

11. Industry or business _____
 12. Name **August Yoch**
 13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) _____
 By Means of _____

16. (a) Informant **Miss Marie Hacker**
 (b) Address **3511 Norwood Ave**
 17. (a) **Burial** (b) Date thereof **2-13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

23. Signature **W. H. Jamell** **1515 Lafayette** **2/11/46**
(City or town) (County) (State) (Date signed)
 Address _____

18. (a) Signature of funeral director **Goodhart & Goodhart**
 (b) Address **2228 St. Louis Ave**
 19. (a) **FEB 13 1946** (b) **J. F. Brudeck**
(Date received local health officer's certificate) (Registrar's signature)

1918

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

1488

Signed *Marie A. Cashion*
Licensed Embalmer No. *3949*
P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.